

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012454

FILED APR 6 1962

318

1003

3221

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis, Missouri

Length of stay in 1b

8 weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Missouri Baptist Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

St. Louis

d. STREET

ADDRESS

2714 Sulphur

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Harold

Middle

B.

Last

Benson

4. DATE

OF
DEATH

Month

March

Day

24

Year

1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-8-1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Office Employee

10b. KIND OF BUSINESS OR INDUSTRY

Sweep-O Co.

11. BIRTHPLACE (City and state or country)

Swedeberg, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ola Benson

13b. MOTHER'S MAIDEN NAME

Pauline Olson

14. NAME OF HUSBAND OR WIFE

Virginia Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Mrs. Virginia E. Benson 2714 Sulphur

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infermities of Age

DUE TO (b)

DUE TO (c)

794 X F

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Fracture of Humerus, left

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell to floor in his home, fractured arm

20c. TIME OF
INJURY

Hour

p.m.

Month, Day, Year

1-26-62

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Own home

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo.

COUNTY

STATE

21. I attended the deceased from

1959

to

3-24-62

and last saw him alive on

Mar. 24, 1962

Death occurred at

2:20 pm

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Alfred M. Jorgensen M.D.

22b. ADDRESS

10512 Woodlawn Lodge

22c. DATE SIGNED

3-26-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

3-27-62

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

25. DATE RECD. BY LOCAL REG.

MAR 26 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Alfred Langebad
10012 Woodlawn
Ladue, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Dennehy
Licensed Embalmer No. 4194
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

11:00 a.m.